

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-024150

ND

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 173

STATE FILE NUMBER

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u> | | Length of stay in lb <u>60 years</u> | | c. CITY OR TOWN <u>Moberly</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>1006 Concannon</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>1006 Concannon</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>LESSIE</u> Middle <u>-</u> Last <u>PATRICK</u> | | | | 4. DATE OF DEATH Month <u>June</u> Day <u>23</u> Year <u>1960</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>1-16-1890</u> | |
| 9. AGE (last birthday) <u>70</u> | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>8 Mile Road Post Office</u> | | 11. BIRTHPLACE (City and state or country) <u>Cairo Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Issac Miller Patrick</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Carver</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ruby C. Patrick</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>498-36-6643</u> | | 17. INFORMANT <u>Mrs. Ruby C. Patrick Moberly Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> | | | | | | | <u>30 min.</u> |
| DUE TO (b) <u>Hypertension</u> | | | | | | | <u>Unknown</u> |
| DUE TO (c) <u>Arteriosclerosis</u> | | | | | | | <u>Unknown</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> | | Month, Day, Year | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from <u>December 1957</u> to <u>June 23, 1960</u> and last saw her alive on <u>June 23, 1960</u> | | | | Death occurred at <u>730 A</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Morris C. Gabley D.O.</u> | | (Degree or title) | | 22b. ADDRESS <u>Huntsville, Missouri</u> | | 22c. DATE SIGNED <u>6-24-60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Jan-25-1960</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u> | | 23d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u> | |
| FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo.</u> | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>6-25-60</u> | | 26. REGISTRAR'S SIGNATURE <u>See above</u> | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. M. Carter

Licensed Embalmer No. 1411

P. O. Address Moherly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.